

Fall Youth Sports Leagues 2007



Sport	Ages	Fee	Registration Dates	Coaches Meeting	Parents Meeting	Season Start Date	Bar Code
T-Ball & Coach Pitch	3-8	\$70	Aug. 1 - 31	Sept. 6 7 pm	Sept. 8 10 am	Sept. 22	69773 - Coed
Outdoor Soccer	3-12	\$65	Aug. 1 - 31	Sept. 6 7 pm	Sept. 8 10 am	Sept. 22	51126 - Coed
Volleyball	9-14	\$65	Aug. 1 - 31	Sept. 6 7 pm	Sept. 8 10 am	Sept. 22	51127 - Coed
Basketball Coed Rec. Competitive	3-12 3-12	\$65	Sept. 1 - 30	Oct. 11 7 pm	Oct. 13 10 am	Nov. 3	51132 - Coed 51134 - Comp
Cheerleading	6-12	\$70	Sept. 1 - 30	Oct. 11 7 pm	Oct. 13 10 am	Nov. 3	51122 - Girls

Elzie Odom Recreation Center

1601 NE Green Oaks Blvd.

Arlington, TX 76006

(817) 462-3700



Refund Policy No refunds will be made except when leagues are filled or cancelled by the Parks & Recreation Department.

City of Arlington 2007 Fall Youth Sports Leagues

Please Print

Child's Name: _____ Age: _____ Sex: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ School: _____

Parents Names: _____ Child's Birthday: _____

E-mail Address: _____

Interested in Coaching? **NO** **YES** (If yes, please contact the Athletics Office at 817-462-3706)

Please circle sport and age group:

Outdoor Soccer - Coed	3/4	5/6	7/8	9/10	11/12
Basketball - Recreational	3/4 Coed	5/6 Coed	7/8 Coed	9/10 Coed	11/12 Coed
Basketball - Competitive			7/8 Boys	9/10 Boys	11/12 Boys
Cheerleading	6/7	8/9	10/12		
T-Ball-Coed	3/4	5/6	7/8 Coach Pitch		
Volleyball - Coed	9/10	11/12	13/14		

I hereby give permission for my child to enter a multi-purpose Recreation Center, unattended by the parent/guardian, and to engage in structured recreation and athletics activities. In the event my child is injured and I cannot be reached to make emergency medical arrangements or circumstances make it impossible for me to be reached, I hereby authorize a Parks and Recreation Department employee to take my child to a physician on call, or to the nearest emergency hospital. I covenant and agree, that for and in consideration of my child's participation in such activities, to indemnify and hold harmless the City of Arlington, its employees, agents, sponsors and volunteers assisting in these activities, from any and all damages, claims or liability of any kind, whatsoever, from any injury or death to my child or damage to property, arising or resulting from my child's participation in these activities. I verify that all information on this form, including my child's date of birth is correct and accurate.

(Parent/Guardian Signature)

(Date)

Coach / Team / Players Request: _____